

2 September 2019

Mr. William Fernandes MuckRock News DEPT MR 78339 411A Highland Avenue Somerville, MA 02144

Dear Mr. Fernandes:

On 5 August 2019, the office of the Information and Privacy Coordinator received your 5 August 2019 Privacy Act (PA) request, submitted electronically through our website, for any and all records related to you pursuant to the Privacy Act and including any cross referenced files. We regret that we are unable to accept electronic PA requests at this time. Therefore, please re-submit your request through the mail or via fax. Our mailing address is:

Information and Privacy Coordinator Central Intelligence Agency Washington, DC 20505

Our fax number is 703-613-3007. We have enclosed our Privacy Act-Certification of Identity form for your convenience.

Sincerely,

Mark Lilly

Information and Privacy Coordinator

**Enclosure** 



Central Intelligence Agency Information and Privacy Coordinator Washington, DC 20505 Fax (703)613-3007

## PRIVACY ACT - CERTIFICATION OF IDENTITY

Privacy Act Statement: In accordance with 32 CFR Section 1901.13 personal data to identify the individual submitting requests by mail or by electronic means under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this form is to ensure that the records of individuals are not wrongfully disclosed by Central Intelligence Agency (CIA). Requests will not be processed if all of this information is not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 552a(i)(3).

not furnished. False information on this form may subject the requester to criminal penalties under 5 U.S.C. Section 332a(1)(3).
Your Full Name (Last, First, Middle) – Mr / Mrs / Ms:
Any Other Names Used?
Your Current Mailing Address & Phone Number:
Date of Birth:/ Place of Birth (City and State):  Month Day Year
CITIZENSHIP STATUS¹ (Please Check One)
US Citizen Social Security Number 2 Other Country:
OR
Naturalized Citizen as of/ Naturalization #: OR  OR
Permanent Resident Alien as of// PRA #
Month Day Year
Specific Records of Interest:
OPTIONAL: Authorization to Release Information to Another Person: This section is to be completed by a requester who is authorizing information relating to him/herself to be released to another person. Further, pursuant to 5 U.S.C. 552a(b), I authorize the CIA to release any and all information relating to me to the following:
Print name and address of person to whom records should be released
Statement Under Penalty of Perjury: I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.
Your Signature: Date:

<sup>1</sup> Individual submitting a request under the Privacy Act of 1974 must be "a citizen of the United States or an alien lawfully admitted for permanent residence", pursuant to 5 U.S.C. 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

<sup>&</sup>lt;sup>2</sup> Providing your social security number is voluntary. You are asked to provide your social security number only to facilitate the identification of records relating to you. Without your social security number, we may be unable to locate any or all records.

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